



EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No XXXXXX Date of Birth XXXXXX Ward ☒ Non Ward ☐
Client Name XXXXXX Address XXXXXX
Postcode XXXXXX Contact No. XXXXXX Caregiver XXXXXX
Legal Guardian FCS Caseworker XXXXXX

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 1 Mainstream ☐ Straight ☒ Split ☐ Ed. Support ☐

First Aid / Nurse Contact MEDICATION Attending Yes ☒ No ☐

Specific needs referral PAEDIATRICIAN Attending Yes ☒ No ☐

Psychologist referral ANXIETY Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☐ No ☐

Chaplain Attending Yes ☐ No ☒

Youth Support Worker Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly EXCELLENT Yes ☒ No ☐

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes ☒ No ☐

Punctuality usually ☒ seldom ☐

Preparation Lunch ☒ Equipment ☒ Dress ☒

Comments

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>+1</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Achieving educational outcomes (setting) <u>+1</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Student at Risk Programme	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Individual Education Program <u>EXTENSION PROG.</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Mentor programme	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>EXCELLENT.</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Appropriate peer contact	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no; attention seeking	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
disruptive	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
withdrawn	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other;				
bully	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
victim	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

OTHER

Additional information VERY CREATIVE GIRL. BRIGHT, ENERGETIC. HAS A GOOD GROUP OF PEERS. ATTENDING GRIEF COUNSELLING; IN CARE OF MATERNAL GRANDMOTHER.

- ON MEDICATION FOR ANXIETY RELATED BEHAVIOUR

ATTENDING CHURCH BASE CAMP IN AUGUST.

CLIENT ENJOYS CONTACT WITH EXTENDED FAMILY m.

BOTH PARENTS + 2 YOUNGER SIBLINGS KILLED IN CAR ACCIDENT LAST YEAR.

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>7/06/82</u>	Ward	<input type="checkbox"/>	Non Ward	<input checked="" type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>NAT. PARENTS</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status XXXXXX Mainstream ☐ Straight ☐ Split ☐ Ed. Support ☒

First Aid / Nurse Contact MED. Attending Yes ☒ No ☐

Specific needs referral SEX PERPS C. Attending Yes ☒ No ☒

Psychologist referral COUNSELLING Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain XXXXXX Attending Yes ☐ No ☒

Youth Support Worker XXXXXX Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly SEE ABSENTEE RECORD Yes ☐ No ☒

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes ☒ No ☐

Punctuality PARENTS AVOIDING CONTACT usually ☐ seldom ☒

Preparation XXXXXX Lunch ☒ Equipment ☒ Dress ☒

Comments XXXXXX

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>- 3</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) <u>- 4</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>MOJ JJ + SCHOOL</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>ALL SETTINGS</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme <u>MOJ.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>NON COMPLIANT</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>SEXUALISED BEHAVIOUR</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no; attention seeking	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;		
bully <u>AGGRESSIVE</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
victim	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT SEXUALLY ABUSED BY FAMILY MEM.

SOLVENT ABUSE LEADING TO BRAIN DAMAGE (CHROMING) +

EPILEPTIC (MED.) MOTHER SUICIDED. FATHER WHEREABOUTS

UNKNOWN. CLIENT IN HOSTEL | SHARED CARE | INDEPEN.

CLIENT HAS HAD SURGERY (CORRECTIVE FOR ANAL | VAGINAL DAMAGE.

SIBLINGS WHEREABOUTS UNKNOWN. COURT PROCEEDINGS.

CHILD WITNESS IN CONTACT 2X WEEKLY. EDWA ALERT.

SAFER WA INITIATIVE UNDERWAY WITH MOJ. CURRENTLY

FINISHING BREACH CONDITION REPORT.

medicat
x2 daily
1 withd

EDUCATION ASSESSMENT

Date Conducted xxxxxx Officer Name xxxxxx Location xxxxxx

Client CCSS Id. No	<u>xxxxxx</u>	Date of Birth	<u>6/07/1984</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>xxxxxx</u>	Address	<u>xxxxxx</u>				
Postcode	<u>xxxxxx</u>	Contact No.	<u>xxxxxx</u>	Caregiver	<u>xxxxxx</u>		
Legal Guardian	<u>FCS</u>	Caseworker	<u>xxxxxx</u>				

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord. / Deputy xxxxxx Teacher xxxxxx

Year Level / Status VR 10 Mainstream ☒ Straight ☒ Split ☐ Ed. Support ☐

First Aid / Nurse Contact Attending Yes ☒ No ☐

Specific needs referral Attending Yes ☒ No ☐

Psychologist referral FCS | MOJ | JJ | BH. Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain x 2 Attending Yes ☒ No ☐

Youth Support Worker Attending Yes ☒ No ☐

ATTENDANCE

Client attending setting regularly RARELY Yes ☐ No ☒

Entry Date xxxxxx Exit Date xxxxxx EDWA alert Yes ☒ No ☐

Punctuality usually ☐ seldom ☒

Preparation Lunch ☒ Equipment ☒ Dress ☒

Comments SUSPENSIONS x 3 , EXCLUSION PENDING

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) <u>2 YRS BEHIND</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>PHONICS + EARLY LITERACY</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>XXXXX</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>IN AND OUT OF SCHOOL</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other <u>HEARING CLINIC</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>VIOLENCE TO OTHERS</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>PEER DIFFICULTIES</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no; attention seeking <u>AGGRESSIVE ATTITUDE</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;		
bully <u>PARTICULARLY TOWARDS MALES</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
victim _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT SUBJECTED TO SEVERE BEATINGS BY PREVIOUS STEPFATHER. NATURAL FATHER JAILED FOR ASSAULT OF STEPFATHER. DOMESTIC VIOLENCE EXTENDING TO OTHER FAMILY MEMBERS. DRUG ISSUES WITH MOTHER. NATURAL MOTHER SEEKING PSYCHIATRIC INTERVENTION. CLIENT CURRENTLY TAKING TOFRANIL FOR BED WETTING. CLIENT HAVING MAJOR DIFFICULTIES WITH OTHER PEERS. ONE ADMISSION TO PMH FOR ULCERATIONS TO SCALP.

EDUCATION ASSESSMENT

Current / Past Assessment Attached Yes ☒ No ☐

ATTENDANCE

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>EXTENSIVE STAFF INVOLVE</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>WHEN PRESENT</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>WHEN PRESENT</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>MOJ / JJ</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>SEXUALISED BEHAV</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no ; attention seeking _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other; bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim <u>SEXUAL ABUSE</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information CLIENT RAPED BY NUMEROUS EXTENDED FAMILY MEMBERS. CLIENT REFERRED TO STUBBS TCE FROM PSYCH WARD ¹⁹⁹⁷ A CLIENT HAS SELF HARMING BEHAV. SUICIDE ATTEMPTS x 2.

CLIENT REFERRED TO PERPS COURSE. MAINE STAFF WARNED OF CLIENTS EXPOSING BEHAV.

2 X MENTORS, REC. COURSE REFERRAL.

2 X MOT CHARGES PENDING. RARELY AT SCHOOL

EDUCATION ASSESSMENT

Date Conducted xxxx Officer Name xxxxxx Location xxxxxx

Client CCSS Id. No <u>xxxxxx</u>	Date of Birth <u>7/06/85</u>	Ward <input checked="" type="checkbox"/>	Non Ward <input type="checkbox"/>
Client Name <u>xxxxxx</u>		Address <u>xxxxxx</u>	
Postcode <u>xxxxxx</u>	Contact No. <u>xxxxxx</u>	Caregiver <u>xxxxxx</u>	
Legal Guardian <u>xxxxxx</u>	Caseworker <u>xxxxxx</u>		

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord. / Deputy xxxxxx Teacher xxxxxx

Year Level / Status xxxxxx Mainstream ☒ Straight ☐ Split ☒ Ed. Support ☐

First Aid / Nurse Contact COUNSELLING / WITH DR. CHILD WITNESS SERVICE Attending Yes ☒ No ☐

Specific needs referral SEXUAL ABUSE + TRAUMA Attending Yes ☒ No ☐

Psychologist referral FCS / MOJ / JJ / CW. Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain WHEN ATTENDING Attending Yes ☒ No ☐

Youth Support Worker " " Attending Yes ☒ No ☐

ATTENDANCE

Client attending setting regularly ABSCONDS / ABSENT. Yes ☐ No ☒

Entry Date xxxxxx Exit Date xxxxxx EDWA alert Yes ☒ No ☐

Punctuality WHEN PRESENT usually ☐ seldom ☒

Preparation Lunch ☒ Equipment ☒ Dress ☒

Comments

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>- 4</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) <u>- 4</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>iep / SEPERATED</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>SCHOOL</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>HOME</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>SEX. PERPS C.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>PEEP (GIRLS)</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>EXCL. FAMILIES</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no; attention seeking <u>IN/OUT CLASS</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other; bully <u>FEMALES</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
victim _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information CLIENT CURRENTLY ATTEND. SEX. PERPS. C.

SUBSTANTIATED SEX ABUSE OF 3 FEMALE STUDENTS LAST YEAR.

MOJ CHARGES PENDING INVESTIGATION.

-PARENTS CARE STATUS UNDER REVIEW (SEE NOTES)

POC INVEST. 4 FILE STATUS. YOUNGER SISTER UNDER
WARDSHIP. CLIENT SEPERATED FROM FEMALE CONTACT

PENDING INVEST. SUFFERS FROM FAINTING.

ATTACKS. HAS DIFFICULTIES WITH MALE PEERS. RAT INUCST.

EDUCATION ASSESSMENT

Date Conducted xxxxxx Officer Name xxxxxx Location xxxxxx

Client CCSS Id. No	<u>xxxxxx</u>	Date of Birth	<u>7/09/1986</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>xxxxxx</u>	Address	<u>xxxxxx</u>				
Postcode	<u>xxxxxx</u>	Contact No.	<u>xxxxxx</u>	Caregiver	<u>xxxxxx</u>		
Legal Guardian	<u>xxxxxx</u>	Caseworker	<u>xxxxxx</u>				

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord. / Deputy xxxxxx Teacher xxxxxx

Year Level / Status 9 Mainstream ☒ Straight ☒ Split ☐ Ed. Support ☐

First Aid / Nurse Contact CONFIDANT Attending Yes ☒ No ☐

Specific needs referral CONFIDANT Attending Yes ☐ No ☒

Psychologist referral FCS | EDWA | MDJ | JJ. Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain CONFIDANT Attending Yes ☒ No ☐

Youth Support Worker CONFIDANT Attending Yes ☒ No ☐

ATTENDANCE

Client attending setting regularly CONFIDANT Yes ☐ No ☒

Entry Date xxxxxx Exit Date xxxxxx EDWA alert Yes ☒ No ☐

Punctuality CONSTANT RE-REFERRALS usually ☐ seldom ☒

Preparation CONFIDANT Lunch ☒ Equipment ☒ Dress ☒

Comments IRREGULAR ATTEND. | STUBBS TCE REFERRAL

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>TRUANT</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) <u>TRUANT.</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>NOT ATTENDING</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Individual Education Program <u>ARRANGED ONLY</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>NO POSSIBILITIES</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme <u>CLIENT NOT AMENABLE</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other <u>CLIENT NOT ENGAGING</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>NOT ATTENDING</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>SEXUALISED BEHAVIOUR.</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no ; attention seeking _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other; bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim <u>ENGAGES IN RISK TAKING BEHAVIOUR</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information CLIENT GLUE SNIFFER. APPREHENDED BY CAG TEAM BY PERTH STATION. OD 1994. MENTAL HEALTH ISSUES. CLIENT SEXUALLY ASSAULTED THENCE CMA, APPREHENSION. CLIENT CURRENTLY IN HOSTEL. 3 JJ CHARGES PENDING FOR BREAK / ENTER / ASSAULT. CLIENT ENROLLED IN DEP PROGRAMMES. BOTH NATURAL PARENTS DEAD. CLIENT IDENTIFIES WITH YW. CENT. (ADRIAN). CLIENT TRUATING.

EDUCATION ASSESSMENT

Date Conducted 20/3/00 Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>2/6/88</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXX</u>	Contact No.	<u>XXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>F + C.S.</u>		Caseworker	<u>XXXXXX</u>			

School / Setting XXXXXX Primary Phone XXXXXX Fax XXXXXX
Address XXXXXX Postcode XXXXXX
Principal / Key Contact XXXXXX Ext. XXXXXX
Year Co-ord. / Deputy XXXXXX Teacher XXXXXX
Year Level / Status XXXXXX Mainstream ☐ Straight ☒ Split ☐ Ed. Support ☐
First Aid / Nurse Contact Medication Attending Yes ☒ No ☐
Specific needs referral ADHD. Attending Yes ☒ No ☐
Psychologist referral XXXXXX Attending Yes ☒ No ☐
Current / Past Assessment Attached Yes ☒ No ☐
Chaplain TRAUMA COUNSELLING Attending Yes ☒ No ☐
Youth Support Worker Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly CAREGIVER MAINTAINS Yes ☒ No ☐
Entry Date 20/4/99 Exit Date - EDWA alert Yes ☒ No ☐
Punctuality usually ☒ seldom ☐
Preparation AS PREPARED Lunch ☒ Equipment ☒ Dress ☒
Comments _____
Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>- 3</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) <u>- 3</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>DEP / VEATS</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>NOT ENGAGED.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>NOT ENGAGED.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>MOJ / FCS</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>AGGRESSIVE / NON COMPLIANT</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>AGGRESSIVE.</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no ; attention seeking _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other; bully _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
victim _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT REMOVED FROM CARE OF MATERNAL GRAND-FATHER. SUBSTANTIATED PHYSICAL + EMOTIONAL ABUSE. CMA FATHER SUICIDED. MOTHER'S WHEREABOUTS UNKNOWN.

CLIENT ENJOYS METALWORK. BRILLIANT WELDER!

CLIENT IDENTIFIES MOST STRONGLY WITH METAL WORK DEPUTY.

MOJ CHARGES FOR ASSAULT + BATTERY. JT WORK ORDER 3/4 HR. COMPLETE. JAS TEAM ON SUPERVISION. CLIENT HAS EXTENSIVE HISTORY OF SUSPENSIONS AND EXCLUSIONS EDNA AT MITS END.

EDUCATION ASSESSMENT

Date Conducted xxxxx Officer Name xxxxxx Location xxxxxx

Current / Past Assessment Attached Yes ☒ No ☐

ATTENDANCE

Attendance record attached Yes ☐ No ☒

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>-2 yrs</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) <u>-2 yrs</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>IEP + 2.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>AS PER CT.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>HOME</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>GRANNY SPIERS CENTRE</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>AGGRESSIVE</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>AGGRESSIVE</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no ; attention seeking _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
disruptive _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
withdrawn _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other; bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim <u>STRIKES OTHERS WHEN PROVOKED</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information FATHER DECEASED - MOTHER DRUG ADDICT (METHADONE) - APPREHENDED FOR BEING ABUSED (SEXUAL + EMOT.) BY STEPFATHER. GRANDFATHER UNDER INVESTIGATION AFTER CHILD DREW PICTURES OF HIM IN CLASS - INAPPROPRIATE. 3 CHANGES OF HOME PLACEMENT IN LAST 6 MONTHS. CURRENT CAREERS IN CONSTANT CONTACT WITH SCHOOL. CHILD HAS INAPPROPRIATE BOUNDARIES. PUNCHES, SCRATCHES + BITES OTHER CHN. IF TEASED. EMDA ALERT LEVEL 3

EDUCATION ASSESSMENT

Current / Past Assessment Attached Yes ☐ No ☒

ATTENDANCE

Attendance record attached Yes ☒ No ☐

POC
INVEST.

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>SAER A1</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>AS PER DEPT.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>4 HRS WEEKLY -</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other <u>XXXXXX MENTAL HEALTH CLINIC</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>SEXUALISED BEHAV</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>DIFFICULTIES</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no ; attention seeking <u>EXPOSING HERSELF.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive <u>IN AND OUT OF CLASS</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other; bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information - CLIENT CURRENTLY ATTENDING
CHILD WITNESS PROGRAMME TESTIFYING AGAINST
FAMILY NEIGHBOUR FOR REPEAT SEXUAL
ASSAULT

- CLIENT UNDERTAKING TRAUMA COUNSELLING
- CLIENT TAKING MEDICATION FOR ANXIETY ATTACKS.

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>2/07/94</u>	Gender	<input type="checkbox"/>	Not Valid	<input checked="" type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>XXXXXX</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 2 Mainstream ☐ Straight ☐ Split ☒ Ed. Support ☐

First Aid / Nurse Contact OBS + MEDICATION Attending Yes ☒ No ☐

Specific needs referral ASOL PERPS Attending Yes ☒ No ☐

Psychologist referral FCS / EDWA Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain Attending Yes ☐ No ☒

Youth Support Worker Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly Yes ☐ No ☒

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes ☒ No ☐

Punctuality PROBLEMS - EDWA ALERT. usually ☐ seldom ☒

Preparation Lunch ☒ Equipment ☒ Dress ☒

Comments REFERRED TO EDWA

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT

Date Conducted xxxxxx Officer Name xxxxxx Location xxxxxx

Client CCSS Id. No	<u>xxxxxxxx</u>	Date of Birth	<u>6/11/94</u>	Ward	<input type="checkbox"/>	Non Ward	<input checked="" type="checkbox"/>
Client Name	<u>xxxxxx</u>	Address	<u>xxxxxx</u>				
Postcode	<u>xxxxxx</u>	Contact No.	<u>xxxxxx</u>	Caregiver	<u>xxxxxx</u>		
Legal Guardian	<u>MOTHER</u>	Caseworker	<u>xxxxxx</u>				

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord. / Deputy xxxxxx Teacher xxxxxx

Year Level / Status 1 Mainstream ☒ Straight ☒ Split ☐ Ed. Support ☐

First Aid / Nurse Contact COUNSELLING Attending Yes ☒ No ☐

Specific needs referral COUNSELLING Attending Yes ☐ No ☒

Psychologist referral COUNSELLING Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain COUNSELLING Attending Yes ☐ No ☒

Youth Support Worker COUNSELLING Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly COUNSELLING Yes ☒ No ☐

Entry Date xxxxxx Exit Date xxxxxx EDWA alert Yes ☒ No ☐

Punctuality COUNSELLING usually ☒ seldom ☐

Preparation COUNSELLING Lunch ☒ Equipment ☒ Dress ☒

Comments COUNSELLING

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No XXXXXX Date of Birth 17/06/1994 Ward ☒ Non Ward ☐

Client Name XXXXXX Address XXXXXX

Postcode XXXXXX Contact No. XXXXXX Caregiver XXXXXX

Legal Guardian XXXXXX Caseworker XXXXXX

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 3 Mainstream ☒ Straight ☒ Split ☐ Ed. Support ☐

First Aid / Nurse Contact DRESSINGS Attending Yes ☒ No ☐

Specific needs referral Attending Yes ☒ No ☐

Psychologist referral FCS / EDWA Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain Attending Yes ☐ No ☒

Youth Support Worker Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly PMH - BURNS UNIT Yes ☐ No ☒

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes ☒ No ☐

Punctuality ISSUES usually ☐ seldom ☒

Preparation Lunch ☒ Equipment ☒ Dress ☒

Comments

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Student at Risk Programme _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Individual Education Program <u>EXTENSION</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Mentor programme _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Appropriate peer contact _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no ; attention seeking _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
disruptive _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
withdrawn _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other;				
bully _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
victim _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

OTHER

Additional information MOTHER HAS SOUGHT ASSISTANCE FROM
EARLY ED OFFICERS FOR GRIEF COUNSELLING.
NATURAL FATHER PASSED AWAY IN CAR ACCIDENT
CLIENT RECEIVING COUNSELLING FOR GRIEF/LOSS
ISSUES. PASTORAL CARE TEAM IN SCHOOL EXCELLENT.

EDUCATION ASSESSMENT

Date Conducted XXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXX</u>	Date of Birth	<u>2/10/1994</u>	Ward	<input type="checkbox"/>	Non Ward	<input checked="" type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>PARENTS</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 2 Mainstream ☒ Straight ☒ Split ☐ Ed. Support ☐

First Aid / Nurse Contact SPECIALIST CONSULT. Attending Yes ☒ No ☐

Specific needs referral XXXXXX CHILD + ADOL. CLINIC Attending Yes ☒ No ☐

Psychologist referral XXXXXX Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain Attending Yes ☐ No ☒

Youth Support Worker Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly TRUANCY OR LATE Yes ☐ No ☒

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes ☒ No ☐

Punctuality NEARLY ALWAYS LATE usually ☐ seldom ☒

Preparation Lunch ☒ Equipment ☒ Dress ☒

Comments CLIENT ALWAYS LATE WITH DIFFICULTIES

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>STUDENT ALERT</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Individual tutor programme _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
disruptive <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
withdrawn <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other; bully <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
victim <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information EDWA ALERT. MOTHER + CLIENT HAVE NOT BEEN CONTACTABLE FOR 3 WKS. FATHER HAS INFORMED POLICE NO ACCESS HAS OCCURED FOR 2 MONTHS.

SUSPECTED MOTHER HAS MOVED INTERSTATE. HOME REVEALS NO INFORMATION AS TO CLIENTS WHEREABOUTS.

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Current / Past Assessment Attached Yes ☒ No ☐

ATTENDANCE

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Student at Risk Programme <u>PBT</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program <u>SCHOOL</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme <u>AS ARRANGED BY MOTHER</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Mentor programme _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Appropriate peer contact _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no ; attention seeking _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
disruptive _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
withdrawn _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other; bully _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
victim _____	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

OTHER

Additional information DOMESTIC VIOLENCE IN HOME. FATHER'S WHEREABOUTS UNKNOWN. EDWA ALERT. CLIENT ADMITTED TO PMH WITH ASTHMA BRUISING NOTED ON LEFT CHEEK (H) POC INVESTIGATION IN CONCLUSIVE. CLIENT OTHERWISE IN GOOD CARE.

MOTHER SEEKING REFUGE ASSISTANCE + FAMILY support PAYMENTS THROUGH CENTRELINK.

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Achieving educational outcomes (setting) <u>xxvxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student at Risk Programme <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>xxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact <u>xxvxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
disruptive <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
withdrawn <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other;		
bully <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
victim <u>xxxxxx</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information CLIENT'S MOTHER HEP C. MOTHER IN USER
CLIENT TAKEN INTO CARE BECAUSE MOTHER UNABLE TO LOOK
AFTER CHILD ANY FURTHER. NO KNOWN EXTENDED FAMILY
IN AUSTRALIA.
INC. ↓ ALERT LEVEL 7 INTAKE. CLIENT WITH
FOSTER FAMILY.

EDUCATION ASSESSMENT

Date Conducted xxxxxx Officer Name xxxxxx Location xxxxxx

Client CCSS Id. No xxxxxx Date of Birth 6/11/1996 Ward ☐ Non Ward ☒
Client Name xxxxxx Address xxxxxx
Postcode xxxxxx Contact No. xxxxxx Caregiver xxxxxx
Legal Guardian MOTHER. xxxxxx Caseworker xxxxxx

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord. / Deputy xxxxxx Teacher xxxxxx

Year Level / Status xxxxxx Mainstream ☐ Straight ☐ Split ☐ Ed. Support ☒

First Aid / Nurse Contact OCCASIONALLY. Attending Yes ☒ No ☐

Specific needs referral LIONS HEARING. Attending Yes ☒ No ☐

Psychologist referral MEDICATION. Attending Yes ☒ No ☐

Current / Past Assessment Attached Yes ☒ No ☐

Chaplain Attending Yes ☐ No ☒

Youth Support Worker Attending Yes ☐ No ☒

ATTENDANCE

Client attending setting regularly Yes ☒ No ☐

Entry Date xxxxxx Exit Date xxxxxx EDWA alert Yes ☐ No ☒

Punctuality xxxxxx usually ☒ seldom ☐

Preparation Lunch ☒ Equipment ☒ Dress ☒

Comments NO ISSUES.

Attendance record attached Yes ☒ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>Autism Specific</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other; bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT SUFFERS MILD AUTISM. SINGLE
MOTHER H/V REVEALED INADEQUATE SUPERVISION
CARE.

- MOTHERS GROUP REFERRAL / HOMEWORK CLASSES
CLIENT NEEDS CONSTANT MONITORING
DELIGHTFUL CHILD - ENJOYS ALL HANDS ON
CURRICULUM MATERIAL.

EDUCATION ASSESSMENT

Date Conducted XXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No XXXXXX Date of Birth 7/11/1998 Ward ☒ Non Ward ☐
Client Name XXXXXX Address XXXXXX
Postcode XXXXXX Contact No. XXXXXX Caregiver XXXXXX
Legal Guardian FCS Caseworker XXXXXX

School / Setting NOT ATTENDING Phone N/A Fax N/A

Address N/A Postcode N/A

Principal / Key Contact N/A Ext. N/A

Year Co-ord. / Deputy N/A Teacher N/A

Year Level / Status N/A Mainstream ☐ Straight ☐ Split ☐ Ed. Support ☐

First Aid / Nurse Contact N/A Attending Yes ☐ No ☐

Specific needs referral N/A Attending Yes ☐ No ☐

Psychologist referral N/A Attending Yes ☐ No ☐

Current / Past Assessment Attached Yes ☐ No ☐

Chaplain N/A Attending Yes ☐ No ☐

Youth Support Worker N/A Attending Yes ☐ No ☐

ATTENDANCE

Client attending setting regularly N/A Yes ☐ No ☐

Entry Date N/A Exit Date N/A EDWA alert Yes ☐ No ☐

Punctuality N/A usually ☐ seldom ☐

Preparation N/A Lunch ☐ Equipment ☐ Dress ☐

Comments N/A

Attendance record attached Yes ☐ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) <u>N/A.</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Achieving educational outcomes (setting) <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student at Risk Programme <u>N/A.</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>N/A</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other <u>N/A.</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
disruptive _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other; bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT ATTENDING CHILDCARE. SUPERVISED
ACCESS TO NAT. PARENTS. CHILD FOUND IN A BURNING COT
BY MATERNAL AUNTY. MOTHER SUSPENDED SENTENCE.
FATHER LIVING WITH MOTHER. FATHER I/V USER (NALTREX.)
CHILD AT CHILDCARE MON-FRI. 8am-1pm. BOTH
PARENTS ATTENDING PARENTING COURSE

EDUCATION ASSESSMENT

Date Conducted XXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>3/04/99</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>FCS</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status XXXXXX Mainstream ☐ Straight ☐ Split ☐ Ed. Support ☐

First Aid / Nurse Contact XXXXXX Attending Yes ☐ No ☐

Specific needs referral XXXXXX Attending Yes ☐ No ☐

Psychologist referral XXXXXX Attending Yes ☐ No ☐

Current / Past Assessment Attached Yes ☐ No ☐

Chaplain XXXXXX Attending Yes ☐ No ☐

Youth Support Worker XXXXXX Attending Yes ☐ No ☐

ATTENDANCE

Client attending setting regularly XXXXXX Yes ☐ No ☐

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes ☐ No ☐

Punctuality XXXXXX usually ☐ seldom ☐

Preparation XXXXXX Lunch ☐ Equipment ☐ Dress ☐

Comments XXXXXX

Attendance record attached Yes ☐ No ☐

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Individual Education Program <u>AS PER pmh</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>RECREATION</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
disruptive _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
withdrawn _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other; bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT THROWN INTO A BOILING BATH BY
MOTHER. CHARGES PENDING. LEGAL ON CC.
CLIENT NEEDS CONSTANT MEDIC. SWABS
CLIENT HAS GRAFT OPS. STILL TO COME. OBVIOUS
GAPS IN SCHOOL DUE TO MEDIC. SCHOOL OF DISTANCE
EDUCATION TO BE CONSIDERED. NATURAL FATHER OVERSEAS
WILL APPLY FOR GUARDIANSHIP.



































